

PTO/S9/30 MODIFIED BY AT&amp;T COR:

**REQUEST  
FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to:

Commissioner for Patents  
Mail Stop RCE  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	09/474,031
Filing Date	12/28/1999
First Named Inventor	Doverspike
Group Art Unit	2697
Examiner Name	Ha, Yvonne Quy M.
Attorney Docket No.	113435

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This is a Request for Continued Examination under 37 C. F. R. § 1.114 of the above-identified application.

1) Submission required under 37 C. F. R. § 1.114
a) <input type="checkbox"/> Previously submitted:
i) <input type="checkbox"/> Consider the amendment(s) / reply under 37 C. F. R. § 1.116 previously filed on 12/09/02. (Any unentered amendment(s) referred to above will be entered).
ii) <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on
iii) <input type="checkbox"/> Other
b) <input checked="" type="checkbox"/> Enclosed:
i) <input checked="" type="checkbox"/> Amendment / Reply
ii) Affidavit(s) / Declaration (s)
iii) Sheet of Additional Drawing
iv) <input checked="" type="checkbox"/> Petition for Extension of Time to Reply
v) <input type="checkbox"/> Power of Attorney
2) Miscellaneous:
a) <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C. F. R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months. Fee under 37 C. F. R. § 1.17(l) required).
b) <input type="checkbox"/> Fee Transmittal
3) Fees: The RCE Fee under 37 C. F. R. § 1.17(e) is required by 37 C. F. R. § 1.114 when the RCE is filed.
a) <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502,186
i) <input checked="" type="checkbox"/> RCE Fee required under 37 C. F. R. § 1.17(e).
ii) <input checked="" type="checkbox"/> Extension of time fee (37 C. F. R. §§ 1.136 and 1.17).
iii) <input checked="" type="checkbox"/> Any Other Required Fee.

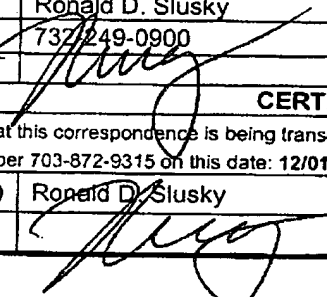
**CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Label

Customer Number -

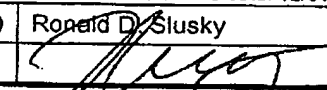
or ☒ Correspondence address below

NAME	Samuel H. Dworetzky				
ADDRESS	PO Box 4110				
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COUNTRY	USA	FAX			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Ronald D. Slusky	REG. No.	26585
TELEPHONE	732-249-0900		
SIGNATURE		DATE	12/01/2003

**CERTIFICATE OF MAILING AND TRANSMISSION**I hereby certify that this correspondence is being transmitted by facsimile to Patent Technology Center 2600  
at telephone number 703-872-9315 on this date: 12/01/2003

Name (Print/Type)	Ronald D. Slusky		
Signature		Date	12/01/2003